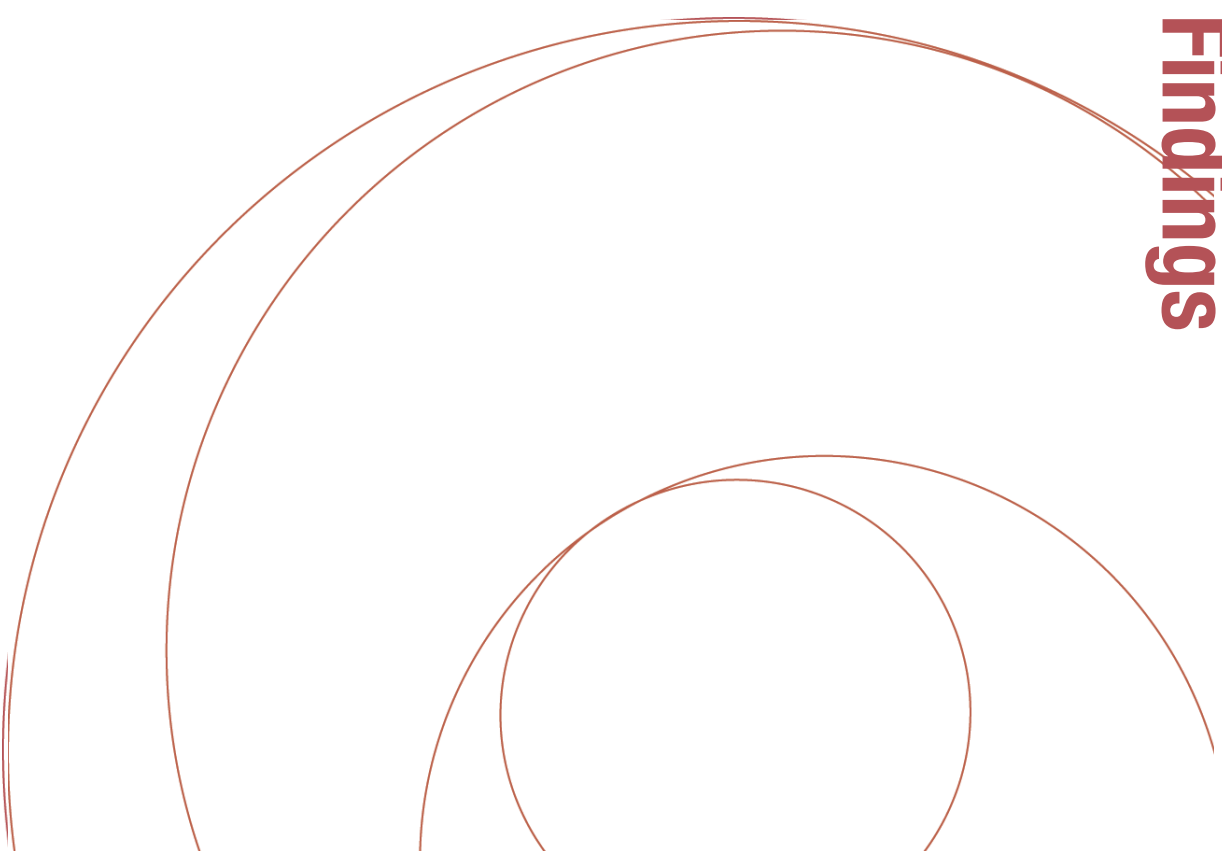


Introduction and Key Findings



I. INTRODUCTION AND KEY FINDINGS

The Health of Racial and Ethnic Populations in Wisconsin: 1996–2000 provides data about the health of African American/black, American Indian, Asian, and Hispanic/Latino populations in Wisconsin. The current report goes beyond reporting health status and provides a more comprehensive picture of the health of racial/ethnic minority populations in this state. To do this, the report utilized multiple data sources and includes data on population characteristics, mortality and morbidity, behavioral health risks, and access to healthcare. The report reveals some key disparities in health status among racial/ethnic minority groups in Wisconsin. In addition, the report provides background information on health disparities, determinants of health, and strategies to reduce racial/ethnic disparities.

A. Organization of the Report

The report is divided into seven sections:

Section I, *Introduction and Key Findings*, provides a roadmap of the document and includes a snapshot of selected findings on the health of racial/ethnic minority groups.

Section II, *Key Issues in Minority Health*, provides background information about race and ethnicity, health disparities, and underlying determinants of health in racial/ethnic minority populations. This section also covers information on *Healthiest Wisconsin 2010* and recommendations to improve minority health data.

Section III, *Demographic Characteristics*, provides data on population size and growth as well as social and economic characteristics such as income, education, employment, and other demographic factors that can impact health and access to care.

Section IV, *Health Status*, contains the bulk of mortality and morbidity information in this report (compared by race/ethnicity, sex, and age) under the following major subject areas: mortality; maternal and child health; chronic diseases (including deaths and hospitalizations); unintentional and intentional injuries; communicable diseases; environmental health; mental health; and oral health.

Section V, *Behavioral Health Risks*, provides data on adult and youth smoking, alcohol use, physical activity, and overweight and obesity.

Section VI, *Access to Healthcare*, includes data on access-related factors such as health insurance coverage, source of healthcare, health screening practices, and health professionals.

Section VII, *Strategies to Eliminate Health Disparities*, provides an overview of strategies to eliminate racial/ethnic health disparities. The section includes general strategies discussed in minority health and health disparities research as well as recommendations made by local minority health leaders and community representatives at the Minority Health “Call to Action” Forum in April 2003. Also highlighted are special initiatives by the Department of Health and Family Services to eliminate health disparities.

The report concludes with *Appendices* of technical notes and definitions, data sources, descriptions of statistical methods, and detailed data reference tables.

B. Data Sources

Sources of data for this report include the U.S. Census, Wisconsin birth and death records, hospitalization discharge records, communicable disease reports, cancer information databases, behavioral risk and family health surveys, and other local and national sources. Most of the data in this report are for the time period 1996–2000. However, the sections on demographic growth and birth outcomes include data before 1996 to analyze trends. The sections on hepatitis C, childhood immunization, youth smoking, oral health, and health professionals include data through 2002 or 2003.

Several years of data were combined to increase the reliability of findings derived from annual data collected on minority populations in Wisconsin that are small in number compared to the majority white population. Many statistics in this report are presented as age-specific rates and/or rates age-adjusted to the U.S. year 2000 standard population.

A unique component of this report is the addition of relative risk or “disparity ratio” tables provided in Appendix III that summarize health disparities between each racial/ethnic minority population and the referent white majority population. Disparity ratios provide a standard statistical measure to monitor improvements or declines in the health gap among racial/ethnic populations in Wisconsin.

Throughout this report—unless otherwise noted—statistical data for racial groups exclude persons of Hispanic origin, whereas the “Hispanic/Latino” category includes persons of any race. See Appendix II, Technical Notes and Definitions, for more detailed explanation of data sources and data analysis techniques used in this report.

C. Key Findings

The Health of Racial and Ethnic Populations in Wisconsin: 1996–2000 found that for many reported conditions, African American and American Indian populations had higher rates of diseases and deaths than the white population in Wisconsin. For many reported conditions, Asian and Hispanic/Latino populations had lower rates of morbidity and mortality than the white Wisconsin population. These Wisconsin summary findings are consistent with national findings.

This report also helps to demonstrate that racial/ethnic minority populations in Wisconsin are more likely to have lower levels of income and education, are less likely to have continuous health insurance coverage, are more likely to receive less than optimal healthcare, and are underrepresented in the healthcare workforce. These factors contribute to poor health status and constitute barriers to accessing quality healthcare by racial/ethnic minority populations. Section II of this report includes background information on these and other factors that contribute to the disparate health status of racial/ethnic minority groups.

The most telling observation from the health status data documented in this report was the health gap between African Americans and American Indians compared to whites for leading causes of mortality and morbidity throughout the lifespan. For example, during 1996–2000 in Wisconsin, the rate of African American infant deaths was nearly 3 times the rate of white infant deaths. During the same five-year period, the rate of HIV infection in African Americans was more than 10 times the rate of HIV infection in whites; and the age-adjusted rate of homicide among African Americans was more than 20 times the rate of homicide among



I. Introduction and Key Findings

whites. Moreover, the rate of diabetes deaths in American Indians during 1996–2000 was 6 times the rate of diabetes deaths in whites of the same age group; and the rate of unintentional injuries among American Indians aged 15 to 24 was nearly 3 times the injury rate in whites aged 15 to 24. These are just a few of the many examples that help explain the fact that both African Americans and American Indians in Wisconsin tend on average to have higher rates of deaths than other racial/ethnic groups.

Health disparities were also noted among Asians and Hispanics/Latinos in Wisconsin compared to the white population. For example, the rate of cervical cancer incidence in Asian women during 1996–2000 was 3 times the rate of cervical cancer in whites, and the rate of tuberculosis infection among Asians was more than 30 times greater than the white rate during this period. The age-adjusted homicide rate for Hispanics/Latinos was 4 times the homicide rate in whites; and the HIV infection rate in Hispanics/Latinos was 5 times the rate of HIV infection in whites.

The focus on health disparities in this report should not obscure the resilience exhibited by racial/ethnic minority individuals and communities that continue to thrive amidst challenging social, economic, and health conditions. Although the data show that minority communities are disproportionately impacted by adverse health outcomes, the majority of individuals in the affected populations actually exhibit good health. Good health and resilience have been sustained by cultural traditions, extended familial ties, social support, and community self-reliance that serve as powerful assets against systemic barriers that have impacted racial/ethnic minorities across generations. More investigation is warranted to understand positive factors that contribute to optimal health of minority individuals even when race or ethnicity remains a significant health risk in the population.

African American

Social and Demographic Characteristics

- African Americans are the largest racial/ethnic minority population in the state. In 2000, 300,245 people in Wisconsin identified their race as African American or black, representing 5.6% of the state's population. The black population increased 24% from 1990 to 2000.
- More than three-fourths of all African Americans in Wisconsin live in Milwaukee County—73% live in the City of Milwaukee.
- According to the 2000 Census, the poverty rate in Wisconsin was highest among African Americans. Thirty-two percent of African Americans reported living in households where income was below the poverty level compared to 6% of whites.
- The poverty rate was 42% among African American children in Wisconsin under age 18.

Mortality

- During 1996–2000, cancer, heart disease, and stroke were the three leading causes of death in the total African American population in Wisconsin (all ages and both sexes combined).
- Wisconsin African Americans had the highest overall age-adjusted mortality rate from all causes combined during the 1996–2000 period.
- On average, the age-adjusted African American mortality rate in Wisconsin (1,165 deaths per 100,000 population) was 1.4 times higher than the white mortality rate (832 deaths per 100,000).
- For every age group up to age 65, Wisconsin African Americans had mortality rates that were 2 times or more higher than the white mortality rate in corresponding age groups.

Maternal and Child Health

- During 1996–2000 in Wisconsin, the average annual rate of African American infant deaths (16.3 deaths per 1,000 live births) was nearly 3 times the rate of white infant deaths (5.7 per 1,000). Little change has occurred in the last 20 years in African American infant mortality rates.
- In 2000, African American women had the highest percentage of low birthweight births (less than 2,500 grams) in Wisconsin – twice as high as in the general population (13.3% vs. 6.5%, respectively).
- The disparity in the proportion of low birthweight births between African American and other racial/ethnic groups in Wisconsin has not declined in the past 20 years.

Chronic Disease

- During 1996–2000 in Wisconsin, the death rate from heart disease among African Americans (297 deaths per 100,000 population) was 1.2 times the heart disease death rate among whites (252 per 100,000).
- During 1996–2000 in Wisconsin, the rate of stroke deaths in African Americans (96 deaths per 100,000) was 1.5 times higher than the stroke death rate in the white population (66 per 100,000).
- During 1996–2000, African American males had the highest rate of mortality from cancer (376 deaths per 100,000) of any race, ethnic, or gender group in Wisconsin. Cancer mortality rates among African Americans in Wisconsin were higher than national rates.
- The death rate in Wisconsin due to diabetes for African Americans (53 deaths per 100,000) was more than 2 times greater than the rate for the white population (22 per 100,000).



I. Introduction and Key Findings

Unintentional and Intentional Injuries

- During 1996–2000, homicide was the leading cause of death among Wisconsin African American males and females 15 to 24 years old, causing 58% of the deaths in African American males and 25% of the deaths in African American females in this age group.
- Homicide was also the leading cause of death for African American males 25 to 44 years old, causing 23% of African American males deaths during 1996–2000 in Wisconsin.

Communicable Diseases

- During 1996–2000, the Wisconsin rate of newly reported HIV infection in African Americans (52 cases per 100,000 population) was 13 times the rate of HIV infection in whites (4 per 100,000).
- For the combined years 1996–2000, the rate of reported syphilis infections in African Americans in Wisconsin (80 cases per 100,000) far exceeded comparable rates in whites and other racial/ethnic groups. However, annual reported syphilis cases among African Americans decreased by 64% (from 398 to 144 cases) during this period.

Environmental Health

- During 1996–2000, African Americans in Wisconsin had an asthma hospitalization rate over 6 times higher than whites (532 hospitalizations vs. 85 per 100,000 population, respectively) and higher than all other racial/ethnic groups.
- In 2000, about 25% of Wisconsin African American children tested for lead had blood lead poisoning compared to 4% of white children tested.

Mental Health

- During 1996–2000, the rate of hospitalization in Wisconsin for depression among African Americans was 137 hospitalizations per 100,000 vs. 81 per 100,000 in whites.

- During 1996–2000, the hospitalization rate for schizophrenia among African Americans in Wisconsin (373 hospitalizations per 100,000) was more than 4 times the rate of schizophrenia hospitalizations among whites (81 per 100,000).

Oral Health

- During 2001–2002, African American third-graders in Wisconsin were less likely to have dental sealants than all other racial/ethnic groups. Only 21% of African American children in the third grade had dental sealants compared to 52% of white third-graders.
- During 1996–2000, African Americans in Wisconsin were less likely to have an annual visit to a dentist or dental clinic than whites (65% compared to 73%, respectively).

Behavioral Risks

- During 1996–2000, the proportion of African American adults in Wisconsin who reported smoking cigarettes (27%) was not statistically different from the proportion of white adults who reported smoking cigarettes (24%).
- African Americans in Wisconsin were less likely to report acute alcohol consumption than the white population. The percentage of African Americans who reported acute drinking was 14% compared to 25% in the white population.
- Sixty-five percent of African American adults in Wisconsin were overweight during 1996–2000 compared to 56% overweight adults in the white and overall Wisconsin population.

Access to Healthcare

- During the 1996–2000 period, 10% of African Americans in Wisconsin were uninsured for an entire year compared to 4% of whites.

American Indian

Social and Demographic Characteristics

- Wisconsin's American Indian and Alaska Native population was 43,980 according to the 2000 Census, a 16.4% increase since 1990.
- In 2000, over half (55%) of American Indians in Wisconsin lived in nonmetropolitan areas of the state, including tribal reservations.
- According to the 2000 Census, the poverty rate was 22% among American Indians in Wisconsin compared to 6% among whites.
- Twenty-seven percent of American Indian children in Wisconsin lived in households where income was below poverty.

Mortality

- During 1996–2000, heart disease, cancer, and unintentional injury were the three leading causes of death in the total American Indian population in Wisconsin (all ages and both sexes combined).
- During 1996–2000, American Indians in Wisconsin had an overall age-adjusted mortality rate (1,145 deaths per 100,000 population) approximately 1.4 times the white rate (832 per 100,000).
- The age adjusted mortality rate for the Wisconsin American Indian population (1,145 deaths per 100,000 population) was considerably higher than the U.S. mortality rate for American Indians (706 per 100,000) during the 1996–2000 period.

Maternal and Child Health

- During 1996–2000, infants born to American Indian women in Wisconsin were 1.6 times more likely to die during the first year of life than infants born to white women. The American

Indian infant mortality rate (8.9) exceeded the white population rate (5.7) by 3 infant deaths per 1,000 live births.

- American Indians had the greatest average decline in infant mortality in Wisconsin during the past 20 years.
- Sudden Infant Death Syndrome (SIDS) accounted for 18% of American Indian infant deaths in Wisconsin during 1996–2000.
- American Indian women had the highest reported rate of smoking during pregnancy at 40% compared to 17% in the total Wisconsin maternal population.

Chronic Disease

- During 1996–2000 in Wisconsin, heart disease, cancer, and diabetes were the leading causes of death among American Indian men and women 45 to 74 years old.
- The age-adjusted heart disease death rate for American Indians (302 deaths per 100,000 population) was the highest rate of all racial/ethnic groups in Wisconsin.
- American Indian death rates from stroke (79 deaths per 100,000 population) were second only to African American rates. Further, the stroke death rate for American Indians in Wisconsin was nearly 2 times that of the U.S. stroke death rate for American Indians (40 per 100,000).
- American Indians in Wisconsin were significantly more likely to die from cancer than whites. The cancer death rate among American Indians in Wisconsin (231 deaths per 100,000 population) was also significantly higher than the national rate (130 per 100,000) during the 1996–2000 period.
- American Indians had the highest incidence of colorectal cancer in Wisconsin during 1996–2000.



I. Introduction and Key Findings

- American Indians had the highest rate of diabetes deaths in Wisconsin during 1996–2000. The rate of diabetes deaths in American Indians aged 45 to 64 was 6 times the rate of diabetes deaths in whites of the same age group during this period.
- During 1996–2000 in Wisconsin, the American Indian death rate for diabetes (91 deaths per 100,000 population) was about 2 times the national average (46 per 100,000).
- Liver disease was the sixth leading cause of death for American Indians in Wisconsin.

Unintentional and Intentional Injuries

- During 1996–2000, the rate of unintentional injury deaths among American Indians in Wisconsin aged 15 to 24 was 3 times the injury rate in whites of the same age group.
- American Indians in Wisconsin had the second highest annual homicide rate (after African Americans) with 9 deaths per 100,000 population during the 1996–2000 period.
- American Indians in Wisconsin had the highest average annual rate of suicide (15 deaths per 100,000) during the 1996–2000 period, compared to a rate of 11 per 100,000 for both whites and Asians.

Mental Health

- American Indians had the highest rate of inpatient hospitalization for depression during 1996–2000 —1.7 times higher than the Wisconsin white population. American Indian women were more likely to be hospitalized for depression than any other racial, ethnic, and gender group in the state.
- The rate of inpatient hospitalization for alcohol or drug abuse among American Indians (1,507 hospitalizations per 100,000 population) in Wisconsin was over 5 times that of the white population (290 per 100,000).

Oral Health

- During 2001–2002, a higher proportion of American Indian third-grade children in Wisconsin had untreated tooth decay (64%) than white children (26%). The good news is that American Indian children had the highest application rate of tooth sealants (66%), which help prevent some future decay.

Behavioral Risks

- During 1996–2000, about 50% of Wisconsin American Indian adults reported smoking cigarettes, compared to about 23% of the white Wisconsin population.

Access to Healthcare

- During the 1996–2000 period, 7% of American Indians in Wisconsin were uninsured for an entire year compared to 4% of whites.

Asian

Social and Demographic Characteristics

- In 2000, 87,995 people in Wisconsin identified their race as Asian, a 68% increase from the 1990 Census. The Hmong comprised 38% of Wisconsin's Asian population, making it the largest Asian population in the state.
- Fifty-four percent of Wisconsin's Asian population lived in either Milwaukee County (27%) or Dane County (17%).
- According to the 2000 Census, 67% of Wisconsin's Asian population was born outside of the United States.
- For all ages combined, the proportion of Asians in Wisconsin who lived in poverty (20%) was higher than the proportion of whites in poverty (6%).

Mortality

- Cancer, heart disease, and unintentional injury were the three leading causes of death in the total Wisconsin Asian population (all ages and both sexes combined).
- During 1996–2000, death rates for Asians in Wisconsin were generally lower than for whites, especially at ages 45 and over. At younger ages, differences in death rates for Asians and whites were not significantly different. However, death rates for the total Asian population may mask health differences in specific Asian populations such as the Hmong.

Maternal and Child Health

- The Wisconsin Asian fertility rate (the number of births per 1,000 women aged 15 to 44) was about 25% lower in 2000 than in 1990. However, the absolute number of births to Asian women was higher in 2000 (2,090 births) compared to 1990 (1,564 births).
- In 2000, births to Hmong and Laotian women were about half of the total births to Asian women in Wisconsin. Birth rates for Hmong and Laotian women are generally higher than for other Asian women, which influences the total Asian fertility rate.

Chronic Disease

- In Wisconsin, cancer, heart disease, and stroke were the leading causes of death among Asian males and females aged 45 and above.
- During 1996–2000, Asian women experienced the highest incidence of cervical cancer in Wisconsin – 3 times the rate of cervical cancer occurrences in white women.

Communicable Diseases

- The annual average rate of reported active tuberculosis (TB) disease in Asians was about 35 cases per 100,000 population – about 18 times higher than the rate of TB disease reported in the overall Wisconsin population (2 per 100,000).
- The highest rate of reported hepatitis B infections occurred among Asians in Wisconsin at a rate of 186 per 100,000 population compared to about 2 per 100,000 in the white population.



I. Introduction and Key Findings

Mental Health

- Asian hospitalization rates for alcohol or drug abuse (41 per 100,000) were lower than all other populations and about 7 times lower than the rate in the white Wisconsin population (290 per 100,000).

Oral Health

- During 2001–2002, Asian third-grade children in Wisconsin had the highest probability of a history of oral caries (cavities); they also had the highest reported need for urgent dental care.

Behavioral Health Risks

- During 1996–2000, Wisconsin's Asian population had the lowest percentage (35%) of overweight or obese adults compared to other racial/ethnic groups, in which more than half reported being overweight or obese.
- During 1996–2000, the proportion of adults in the total Wisconsin Asian population who reported smoking cigarettes (22%) was not statistically different from the total Wisconsin adult population of smokers (24%).

Access to Healthcare

- During the period 1996–2000, 7% of Asians in Wisconsin were uninsured for an entire year compared to 4% of whites.

Hispanic/Latino

Social and Demographic Characteristics

- The Hispanic/Latino population in Wisconsin increased by 107% (from 93,194 to 192,921) between 1990 and 2000, making Hispanics/Latinos the second largest and fastest growing population in the state.
- Thirty-seven percent of all Hispanics/Latinos in Wisconsin lived in the City of Milwaukee.
- In Wisconsin, the Hispanic population differed from other populations in having a higher proportion of males (54%) than females (46%).
- According to the 2000 Census, 31% of Hispanics in Wisconsin aged 5 and over characterized their ability to speak English as either “not well” or “not at all.”
- Census 2000 indicated the poverty rate was 22% among Hispanics/Latinos compared to 6% among whites in Wisconsin.
- In Wisconsin, one-quarter of Hispanic children lived in households where income was below poverty.

Mortality

- During 1996–2000, cancer, heart disease, and unintentional injury were the three leading causes of death in the total Wisconsin Hispanic/Latino population (all ages and both sexes combined).
- The age-adjusted Wisconsin mortality rate for Hispanics/Latinos (337 deaths per 100,000 population) was significantly lower than the comparable U.S. mortality rate for Hispanics (606 per 100,000), during 1996–2000.

Maternal and Child Health

- Infants born to Hispanic/Latino women in Wisconsin were about 1.5 times more likely

to die during the first year of life than infants born to white women. In 2000, an average of 8.5 deaths occurred during the first year of life for each 1,000 births to Hispanic/Latino women in Wisconsin. This infant death rate was lower than the infant death rate for births to African American women, but higher than for whites.

- In 2000, Hispanic births in Wisconsin represented the highest birth rate in the state compared with other racial/ethnic minority groups. Hispanics were the only racial/ethnic minority group with an increase in birth rates during the 1990s.

Chronic Disease

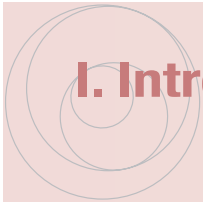
- In Wisconsin, heart disease, cancer, and diabetes were the leading causes of death for Hispanics/Latinos aged 65 years and older.
- Unlike data reported from some national findings and other states, diabetes mortality was not higher in Wisconsin’s Hispanic/Latino population than in other racial and ethnic groups, except Asian.

Unintentional and Intentional Injuries

- Unintentional injury death rates in Wisconsin during 1996–2000 were lowest among Hispanics/Latinos (and Asians).

Communicable Disease

- Compared to the white population, the average annual rate of HIV infection during 1996–2000 was about 5 times greater for Hispanics/Latinos in Wisconsin.
- Although Hispanics/Latinos comprise only 3.6% of the state’s population, over 9% of HIV infections reported in Wisconsin during 1996–2000 occurred in Hispanics/Latinos.



I. Introduction and Key Findings

Environmental Health

- During 1996–2000, Hispanics/Latinos in Wisconsin had an asthma hospitalization rate (141 hospitalizations per 100,000 population) that was 1.7 times higher than the white rate (85 per 100,000).

Oral Health

- In 2003, Hispanic Headstart children in Wisconsin had the highest rate of early childhood caries, untreated tooth decay, and need for urgent dental care compared to other children in Headstart.

Behavioral Risks

- During 2000–2003, Hispanic/Latino middle-school students reported the highest rate of smoking among Wisconsin middle-school youth.

Access to Healthcare

- During 1996–2000, Hispanics/Latinos in Wisconsin were 3 times more likely to be uninsured than the white and overall population. Thirteen percent of Hispanics/Latinos were uninsured for an entire year compared to 4% of whites.